## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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The state of the s			MARK ST	Wendy Steinborn			(Depositor's name)
				Windytenin			(Signature)
			March 17, 2008			(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENT		ATTORNEY	CONFIRMATION NO.	
10/664.132 09/17/2003 Traccc Eidenschink S63.2-10990 3759 TITLE OF INVENTION: CATHETER WITH SHEATHED HYPOTUBE 61 FC:1501 1440.00 DA 82 FC:1504 3E3.63 DA							
APPLN. TYPE	\$mall entity	. ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	E FEE TO	TAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$300 \$0		\$1740	03/18/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS				•
KOHARSKI, CHRISTOPHER 376		3763	604-523000	<del></del>			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the cames of up to 2 registered patent attorneys or agents. If no name is based, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Boston Scientific Scimed, Inc.  Maple Grove, Minnesota  Please check the appropriate assignee estegory or estegories (will not be printed on the patent): Individual - Corporation or other private group entity Government							
	o small entity discount p	h. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown ahove)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number. 220350 (enclose an extra copy of this form).					
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
							e assignce or other party in
Authorized Signature	Knrifu	L. Bur		Date <u>Marc</u>			
Typed or printed name	Vennifer L.	Registration No. 57321					
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestious for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.							

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**PATENT** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Tracee Eidenschink

Application No.:

10/664132

Filed:

September 17, 2003

For:

Catheter With Sheathed Hypotube

**Group Art Unit:** 

3763

Examiner:

Christopher Koharski

Mail Stop Issue Fee Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Docket No.: S63.2B-10990-US01

## FACSIMILE TRANSMITTAL LETTER

TO: Examiner Christopher Koharski

FACSIMILE NO.: 571-273-2885

GROUP ART UNIT: 3763

TOTAL NUMBER OF PAGES (including cover letter): [ ]

DATE: March 18, 2008

TIME: 4:40

In addition to this 1 page Facsimile Transmittal Letter, following please find 1 page Part B – Fee Transmittal in duplicate and a 1 page Fee Address Indication Form

Please charge the Issue Fee of \$1440 and the Publication Fee of \$300.00 to Deposit Account 22-0350. To the extent that any petition is required to consider this communication, please treat this as such a petition.

Respectfully Submitted,

VIDAS, ARRETT & STEINKRAUS, P.A.

Date: March 17, 2008

Suite 400, 6640 Shady Oak Rd. Eden Prairie, MN 55344-7834 Telephone: (952) 563-3000 Facsimile: (952) 563-3001

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I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Mail Stop Issue Fee via Fax No. 571-273-2885, on March 2, 2008.

PAGE 1/4 \* RCVD AT 3/18/2008 9:55:13 AM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-6/13 \* DNIS:2732885 \* CSID:9525633001 \* DURATION (mm-ss):01-24